

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
CENTRAL VALLEY REGION

ANNUAL REPORT  
FOR  
FACILITIES IN THE FEEDLOT CATEGORY REGULATED BY  
STATEWIDE GENERAL PERMIT - WQ ORDER NO. 97-03-DWQ  
NPDES NO.CAS000001

This report form is designed for use by facilities in the feedlot category that have submitted a Notice of Intent to comply with the General Permit for Discharges of Storm Water Associated with Industrial Activities (General Permit) *and* that qualify for a reduced monitoring program because the facility is operated in compliance with state water quality regulations.

Please provide the following information. Provide a brief explanation, on a separate sheet(s), to all questions you have answered with a "No" response, and to those questions that request additional information. Attach the extra pages to your report form.

This report must be signed by an appropriate official of your company (see Section C.9 and C.10 of the General Permit).

GENERAL OWNER/FACILITY INFORMATION

A. Facility WDID No. \_\_\_\_\_

B. Facility/Site Information:

Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Describe your business activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

1. Did you operate your facility in full compliance with Sections 22560 through 22565, Title 27, California Code of Regulations? \_\_\_\_Yes \_\_\_\_No

**NOTE: If you answered No to this question, you do not qualify to use this simplified reporting form. Complete and return the standard annual report form.**

2. Have you prepared a Storm Water Pollution Prevention Plan (SWPPP) as required in Section A of the General Permit? \_\_\_\_Yes \_\_\_\_No
3. Have you implemented all elements of your SWPPP? \_\_\_\_Yes \_\_\_\_No
4. Did you conduct monthly visual wet weather inspections of your wastewater containment facilities to detect leaks and ensure maintenance of adequate freeboard (Section B.4.d) \_\_\_\_Yes \_\_\_\_No

If Yes, please provide:

- Date and time of inspections. Include a sketch showing which parts of the facility were monitored.
- Observations made during the inspections. If discharges were observed, discuss any actions taken or to be taken to prevent future discharges.

5. Do you certify (as indicated below) that, based on your annual comprehensive site compliance evaluation, your facility is in compliance with the requirements of the General Permit and your SWPPP? \_\_\_\_Yes \_\_\_\_No

NOTE: Dischargers who cannot certify compliance and/or who have had other instances of noncompliance must notify the Regional Board. The notification shall identify the type(s) of noncompliance, a description of the actions necessary to achieve compliance, and a time schedule indicating when compliance will be achieved. Noncompliance notifications must be submitted within 30 days of identification of noncompliance.

**CERTIFICATION:**

I am a person duly authorized to sign reports required by the California General Permit for Storm Water Discharges Associated with Industrial Activities and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_